

**CITY OF SAUK RAPIDS
APPLICATION FOR RENTAL LICENSE
REQUIRED BY SECTION 9.03 OF THE CITY CODE**

(Please provide the following)

Rental Address:	Owner:	Manager:
Tax parcel #:	Owner's Address:	Phone #:
Date:	Phone #:	Cell:

Number and description of units within the rental property, include square footage of each room unit.
Attach additional sheets if necessary.

Unit #	Square Feet	Max Occupancy	Monthly Rent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total # of Units _____ **email:** _____

Application and fee due no later than:

RETURN APPLICATION FORM
ALONG WITH THE RENTAL FEE TO:

**City of Sauk Rapids
250 Summit Ave N
Sauk Rapids, MN 56379
320.258.5300 extension 370**

FEE
1st unit at \$110
Additional units at \$56 each
_____ units x \$56=
\$_____ + \$110 (for 1st unit)
Total Fee \$_____

Please make checks payable to the City of Sauk Rapids

These fees cover two inspections made by the Building Official. Each visit thereafter is \$50.00/unit

<i>Office use</i>			
Receipt	Date	Inspected	License #
_____	_____	_____	_____

For New Applicants

Approved: _____
Development Director, Todd Schultz